

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>76 Words</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>	
Mailing Address <b>1121 5th St NW</b>		Amount <b>3026.30</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001-3605</b>	Transaction ID : <b>VN7GBA6NGR2</b>
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Heck, Joe, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>6085885.92</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>76 Words</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>	
Mailing Address <b>1121 5th St NW</b>		Amount <b>3026.30</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001-3605</b>	Transaction ID : <b>VN7GBA6NGS0</b>
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Trump, Donald, J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>1820395.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>6052.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Lambe, Rebecca, , ,*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ambrosino Muir Hansen Crounse</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address 500 Sansome St Ste 201			Amount <b>35990.00</b>		
City San Francisco	State CA	Zip Code 94111-3215	Transaction ID : VN7GBA6NHF4		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Bayh, Evan, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Blueprint Interactive</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address 1155 Connecticut Ave NW Ste 601			Amount <b>108668.20</b>		
City Washington	State DC	Zip Code 20036-4306	Transaction ID : VN7GBA6NFP6		
Purpose of Expenditure Online Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Heck, Joe, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>144658.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Blueprint Interactive</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address <b>1155 Connecticut Ave NW</b> <b>Ste 601</b>			Amount <b>92517.84</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4306</b>	Transaction ID : <b>VN7GBA6NFBQ3</b>		
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Ayotte, Kelly, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>5099046.52</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Blueprint Interactive</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address <b>1155 Connecticut Ave NW</b> <b>Ste 601</b>			Amount <b>70375.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4306</b>	Transaction ID : <b>VN7GBA6NFR1</b>		
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Heck, Joe, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>6085885.92</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>162892.84</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Blueprint Interactive</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address 1155 Connecticut Ave NW Ste 601			Amount <b>70375.00</b>		
City Washington	State DC	Zip Code 20036-4306	Transaction ID : VN7GBA6NFS9		
Purpose of Expenditure Online Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>1820395.10</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Blueprint Interactive</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address 1155 Connecticut Ave NW Ste 601			Amount <b>60824.00</b>		
City Washington	State DC	Zip Code 20036-4306	Transaction ID : VN7GBA6NGT8		
Purpose of Expenditure Online Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Ayotte, Kelly, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought <b>5099046.52</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>131199.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount <b>22247.45</b>		
City Washington	State DC	Zip Code 20036-4010	Transaction ID : VN7GBA6NFBV5		
Purpose of Expenditure Online Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Ayotte, Kelly, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>5099046.52</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount <b>7569.55</b>		
City Washington	State DC	Zip Code 20036-4010	Transaction ID : VN7GBA6NFW3		
Purpose of Expenditure Online Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Heck, Joe, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>6085885.92</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>29817.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount <b>53548.88</b>		
City Washington	State DC	Zip Code 20036-4010	Transaction ID : VN7GBA6NGV6		
Purpose of Expenditure Online Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Toomey, Patrick, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		<b>18339359.32</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount <b>6525.00</b>		
City Washington	State DC	Zip Code 20036-4010	Transaction ID : VN7GBA6NGW4		
Purpose of Expenditure Online Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Toomey, Patrick, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		<b>18339359.32</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>60073.88</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address <b>1140 Connecticut Ave NW</b> <b>Ste 800</b>			Amount <b>53548.88</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4010</b>	Transaction ID : <b>VN7GBA6NGX2</b>		
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Toomey, Patrick, J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>18339359.32</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address <b>1140 Connecticut Ave NW</b> <b>Ste 800</b>			Amount <b>220571.44</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4010</b>	Transaction ID : <b>VN7GBA6NGY0</b>		
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Burr, Richard, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1456729.71</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>274120.32</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount <b>15413.16</b>		
City Washington	State DC	Zip Code 20036-4010	Transaction ID : VN7GBA6NGZ7		
Purpose of Expenditure Online Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Toomey, Patrick, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		<b>18339359.32</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount <b>4630.96</b>		
City Washington	State DC	Zip Code 20036-4010	Transaction ID : VN7GBA6NH05		
Purpose of Expenditure Online Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>1820395.10</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>20044.12</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address <b>1140 Connecticut Ave NW</b> <b>Ste 800</b>			Amount <b>28636.35</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4010</b>	Transaction ID : <b>VN7GBA6NH13</b>		
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Toomey, Patrick, J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>18339359.32</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address <b>1140 Connecticut Ave NW</b> <b>Ste 800</b>			Amount <b>9545.45</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4010</b>	Transaction ID : <b>VN7GBA6NH21</b>		
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Trump, Donald, J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>1820395.10</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>38181.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address <b>1140 Connecticut Ave NW</b> <b>Ste 800</b>			Amount <b>45715.56</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4010</b>	Transaction ID : <b>VN7GBA6NH39</b>		
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Toomey, Patrick, J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>18339359.32</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address <b>1140 Connecticut Ave NW</b> <b>Ste 800</b>			Amount <b>4190.48</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4010</b>	Transaction ID : <b>VN7GBA6NH47</b>		
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>McGinty, Kathleen, A., ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>18339359.32</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>49906.04</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lambe, Rebecca, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address <b>1140 Connecticut Ave NW</b> <b>Ste 800</b>			Amount <b>24600.56</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4010</b>	Transaction ID : <b>VN7GBA6NH55</b>		
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Toomey, Patrick, J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>18339359.32</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address <b>1140 Connecticut Ave NW</b> <b>Ste 800</b>			Amount <b>4000.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4010</b>	Transaction ID : <b>VN7GBA6NH63</b>		
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>McGinty, Kathleen, A., ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>18339359.32</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>28600.56</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Lambe, Rebecca, , ,**[Electronically Filed]*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Precision Network, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>	
Mailing Address <b>1140 Connecticut Ave NW</b> <b>Ste 800</b>		Amount <b>66714.28</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4010</b>	Transaction ID : <b>VN7GBA6NH71</b>
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Burr, Richard, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1456729.71</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Precision Network, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>	
Mailing Address <b>1140 Connecticut Ave NW</b> <b>Ste 800</b>		Amount <b>7052.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4010</b>	Transaction ID : <b>VN7GBA6NH89</b>
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Heck, Joe, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought		<b>6085885.92</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>73766.28</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Lambe, Rebecca, , ,*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address <b>1140 Connecticut Ave NW</b> <b>Ste 800</b>			Amount <b>4858.20</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4010</b>	Transaction ID : <b>VN7GBA6NH96</b>		
Purpose of Expenditure <b>Online Advertising - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Masto, Catherine, Cortez, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>6085885.92</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>SKDKnickerbocker</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>		
Mailing Address <b>1150 18th St NW</b> <b>Ste 800</b>			Amount <b>1800.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-3845</b>	Transaction ID : <b>VN7GBA6NHA4</b>		
Purpose of Expenditure <b>Media Production Costs - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Ayotte, Kelly, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>5099046.52</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>6658.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Lambe, Rebecca, , ,*

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Targeted Platform Media, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>	
Mailing Address 1291 Hollywood Ave		Amount <b>592513.14</b>	
City Annapolis	State MD	Zip Code 21403-4909	Transaction ID : VN7GBA6NHE6
Purpose of Expenditure Media Buy - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Ayotte, Kelly, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>NH</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>The Strategy Group, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>	
Mailing Address 730 N Franklin St Ste 404		Amount <b>40179.63</b>	
City Chicago	State IL	Zip Code 60654-7205	Transaction ID : VN7GBA6NHH0
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Ayotte, Kelly, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>NH</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>632692.77</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 15 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The Strategy Group, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2016</b>	
Mailing Address 730 N Franklin St Ste 404		Amount <b>40434.63</b>	
City Chicago	State IL	Zip Code 60654-7205	Transaction ID : VN7GBA6NHJ8
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Ayotte, Kelly, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>258300.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA6NHB2
Purpose of Expenditure Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Toomey, Patrick, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>298734.63</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address 3050 K St NW Ste 100			Amount <b>107933.00</b>		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA6NHC0		
Purpose of Expenditure Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Young, Todd, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		<b>4616465.49</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2016</b>		
Mailing Address 3050 K St NW Ste 100			Amount <b>303107.14</b>		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA6NHD8		
Purpose of Expenditure Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Ayotte, Kelly, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		<b>5099046.52</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>411040.14</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>2368438.38</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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